

TOWNSEND and TOWNSEND  
Steuart Street Tower  
One Market Plaza  
San Francisco, CA 94105  
(415) 326-2400



Amendment

Atty. Docket No.: 2307U-237-3 / 86-308-4

RECEIVED

Date: July 21, 1992

AUG 7 1992

GROUP 180

I hereby certify that this is being deposited on the above date with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D. C. 20231.

  
Susan L. Kleinman

In re application of JANET K. YAMAMOTO et al.

Serial No. 07/739,014

Filed July 31, 1991

Group Art Unit 1813

For: METHODS AND COMPOSITIONS FOR  
VACCINATING AGAINST FELINE  
IMMUNODEFICIENCY VIRUS

THE COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

[X] Enclosed is a petition to extend time to respond.  
[ ] Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
[ ] A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  
[X] Declaration of Janet K. Yamamoto w/Exhibit A.

The filing fee has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		SMALL ENTITY		OTHER THAN A SMALL ENTITY		
CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE	ADDITIONAL FEE	OR	RATE	ADDITIONAL FEE
TOTAL	*	MINUS	**	=		x10=	\$		x20=	\$
INDEP.	*	MINUS	***	=		x36=	\$		x72=	\$
[ ] FIRST PRESENTATION OF MULTIPLE DEP. CLAIM										
						+110=	\$		+220=	\$
						TOTAL ADDITIONAL FEE	\$	OR	TOTAL	\$

\* If the in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.  
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

[X] No fee is due.

Please charge my Deposit Account No. 20-1430 as follows:

[ ] Claims fee

[X] Any additional fees associated with this paper

\$ \_\_\_\_\_

2 copies of this sheet are enclosed.

  
TOWNSEND & TOWNSEND

James M. Heslin  
Reg. No. 29,541